

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		16	112699
FORMALITY REVIEW	WM	61001	12/23 2/8/00

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	3/24/00
2	3/24/00
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Claim	Date
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If more than 150 claims or 10 actions
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